(b) On reference from Government Central Bureau of Investigation (CBI) registered a case against M/s Pure Pharma and M/s Nestor Pharmaceuticals and the same is at an advanced stage of investigation.

Unsuccessful AIDS vaccine

1620. SHRI D. RAJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that an AIDS vaccine trial was conducted at the National AIDS Research Institute (NARI), Pune for a full year since February 7, 2005, although it was known within a fortnight that it had failed in Europe;

(b) if so, the details thereof;

(c) the reasons for continuing the trial despite the fact that it had failed in other countries; and

(d) what action has been taken against the officials responsible for squandering valuable services of the scientists and resources of the institute for the purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Phase I vaccine trial was initiated at National AIDS Research Institute (NARI), Pune on 7th February, 2005. 30 volunteers participated in this trial and all the trial participants were followed up for one year.

(c) and (d) The Phase I vaccine trial was initiated at NARI, Pune on 7th February, 2005. After the Phase I AAV-2 trial was initiated in India, the results from the Phase I trials in Belgium and Germany were received. The data from Belgium and Germany showed that vaccine was safe and well tolerated. However, no significant immune response was reported. These results were reviewed by the national scientific and ethics committees and it was decided that although the results from Belgium and Germany showed that the vaccine is only weakly immunogenic, different results could be expected from Indian populations due to ethnic differences of the Indian and European populations. Hence the trial in Pune was allowed to continue.

Substandard drugs in Delhi

1621. SHRI AMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that fake drugs worth Rs. 300 crores are being manufactured and sold in the N.C.T. of Delhi as per survey of the Associated Chamber of Commerce;

(b) if so, whether any survey has been conducted to ascertain the factual position in this regard; and

(c) if so, the details thereof and the action taken to combat this menace?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) One the basis of a news report published in Hindustan Times dated 14.02.2008 regarding a recent survey by the Associated Chamber of Commerce (ASSOCHAM) highlighting rise of sale of spurious drugs, the Government wrote to them to authenticate the news and from their reply it appears that the

statement was given on the basis of data collected by the Chamber from the manufacturers in the NCR region which stated that on an average annual turn-over has dropped down by about 25%. It appears that no scientific survey on the extent of spurious/counterfeit medicines was carried out by ASSOCHAM. A study of samples of drugs tested all over the country in last 6 to 7 years, has revealed that about 0.3% to 0.4% of around 40,000 samples fall within the category of spurious drugs. However, this may not project exact situation and would depend upon intensity of surveillance over the clandestine activity. A recent scientific survey on the extent of spurious (counterfeit) medicines in India was carried out by SEAR Pharm Forum in Association with SEARO, WHO and according to their report, extent of counterfeit suspects were to the tune of 3.1 per cent. However, from the laboratory analysis, 0.3 per cent did not meet the pharmacopoeia standards in terms of label claim. The Government has taken various measures including:

(i) Steps to further amend the penal provisions already prescribed under Drugs and Cosmetics Act to make the punishment more stringent which will make the law deterrent to the offenders involved in the manufacture or sale of spurious drugs.

(ii) In consultation with Indian Statistical Institute, Hyderabad, it has been proposed to carry out a detailed in-depth studies following a rational statistical method to find out the exact magnitude of the problem of spurious counterfeit drugs.

Smoking habits

1622. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether smoking in the country is on the rise;

(b) whether any surveys has been made regarding number of people who smoke in the country, age-group-wise and State-wise;

(c) whether he has ever advised the Members of Parliament for giving up smoking before he did so in case of a particular film actor; and

(d) if so, the details as regard response from Members of Parliament as also from the actor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) NFHS-3 (2006-07) indicates an increasing prevalence of tobacco consumption in India, with 57% males and 10.8% females reportedly consuming tobacco in some form. The State-wise data is given in the Statement (*See* below). As per the NSSO age-specific rates, regular consumers of tobacco (aged 10 year and above) were 18.65 crore in rural India and 4.93 crore in urban areas in 2004. The State-wise Global Youth Tobacco Survey (GYTS), 2006 also indicates a decrease in the age of onset of tobacco consumption in the age group of 13-15 years.

(c) and (d) Section 4 of the "The Cigarette and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" prohibits smoking in a public place.

There are studies to indicate a strong linkage between film personalities and their influence on youth. Since a few film personalities have reportedly been violating the provisions of the Act, by smoking at public places, they have been advised time and again to desist from such action(s).